DIVERSITY SHOW

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The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment presents the Road to Recovery. This program celebrates those in recovery from substance use disorders and recognizes the work of treatment providers across the country.

Today's topic is: Embracing Diversity: Crossing Barriers To Deliver Treatment to Everyone.

Mod: Hello, I'm Ivette Torres and welcome to another edition of "The Road to Recovery."

Today we will be talking about diversity issues within the addiction and recovery field. Joining us in our panel today are Dr. H. Westley Clark, Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland. Marco A. Jacome, Chief Executive Officer, Healthcare Alternative Systems Incorporated, Chicago, Illinois. John de Miranda, President and CEO, Stepping Stone, San Diego, California. William Lossiah-Bratt, Board of Directors, Southeastern Regional Representative, Faces and Voices of Recovery, Cherokee, North Carolina. Dr. Clark, why should we be concerned about ethnic and racial differences within the addiction and recovery field, as well as other differences?

WC: Well, one of the things that we want to make sure is that people who have substance use problems are able to recover and that materials that we use can assist them in that process. And so, you know, there are differences associated with cultural values and beliefs, starting from how one physiologically responds to a particular substance of misuse to how certain substances are used in a cultural context. So if we're going to facilitate recovery, we need to understand the

language, the beliefs, the social context associated with those substances. And that will help us facilitate that person's recovery by showing that we understand the life experiences that they have associated with their use of substances.

Mod: And, Marco, that includes also socioeconomic differences, right? I am sure that in your practice, you see a difference between one sector and another.

MJ: Absolutely. You know, even within cultures, we have subcultures and socioeconomic status, education, plays a major role in terms of recovery. We target mostly in our center blue collar workers and the approach is totally different than middle class and upper class Hispanic.

Mod: William, within the Native, American Indian community, I am sure there are going to be so many differences, differences among the tribes and even within the tribe. Can you address some of those?

WB: Most definitely. The interesting thing with Native American tribes is previously people would automatically assume that one tribe was the same as the next. My particular tribe, the Cherokee, are completely different than our cousins out in Oklahoma, the Cherokee Nation of Oklahoma. Within our reservation in North Carolina, we have seven individual communities and each of those communities is completely different. We're a collective people, but we're all individualized in our communities.

Mod: And how do they differ in terms of service delivery, for example, when you have to address their addiction issues?

WB: It comes down to developing that level of trust. Some of our communities, it seems to be the communities that are closest to the center of the reservation are more apt to seek services as opposed to some of our more isolated communities, especially up in the mountain regions.

Mod: Very good. John, in your line of work you deal mostly with LGBT communities and I know you have experience with the disability sector as well. Can you talk to us about particular idiosyncrasies within these that need to be addressed as opposed to the rest of the population?

JM: Yes, certainly. The lesbian, gay, bisexual, transgender community has a variety of idiosyncrasies, but I'd like to go back to your first point, too, and say that one reason to have culturally specific treatment is because sometimes people cannot access treatment. Stepping Stone came into existence 35 years ago because gay men and lesbian women in San Diego could not get into those recovery resources that were available then. Or if they could, their experience was negative. So a number of people came together and said, well, let's start something for our community, and that was really the beginning of Stepping Stone, and I think that is true for a lot of these kind of culturally specific treatment programs. Idiosyncrasies, sure. Life in an alcohol and drug treatment program for the LGBT community is very different in many ways because the issues are very different. For example, when we built the facility 10 years ago, we had this very nice staircase that was going up to the second level. And our then CEO said to the architect, "I want that staircase to look like a woman's high heel shoe." It does, and that's one thing that is what makes Stepping Stone different from other treatment programs.

Mod: So they adapted to their aesthetic preferences.

JM: Exactly, exactly. And the jokes are different and the interactions are often very different.

Mod: And I suspect that that makes a difference. I mean, when somebody walks in and, you know—it's an icebreaker, almost.

JM: Yes. The dynamics are very different. We have also transgender clients in our treatment program which again change the dynamics again kind of like what William was saying. That the transgender community is very different from the gay community and the lesbian community, so we have to make accommodations for that, too.

Mod: And I'm glad you mentioned the whole issue of culture sensitive. I want to go back to Dr. Clark. What does culture sensitive mean?

WC: We've heard from other speakers addressing the cultural differences and the culture sensitivity means that the clinician particularly or the recovery dynamic recognizes that a person's life experiences have to be taken into consideration, so the idioms, the beliefs, the perceptions, the mores, all of those things. So you may make an assumption based on your own culture that has nothing to do with this other person's life experiences.

So cultural competence is what we're trying to foster, recognizing the diversity of cultural experiences. And in the substance abuse arena, what we are trying to facilitate is that recovery and in the mental health arena, we're trying to facilitate that recovery.

So we need to take into consideration all of those things – mores, beliefs, icons, that affect that person's perception. And the clinician or the facilitator, if you're talking about recovery, needs to recognize that.

Mod: Very good. When we come back, I want to get more into really the specifics among groups of what the approach should be for each one of these groups within the context of providing services. We'll be right back.

MS: For my information on national alcohol and drug addiction Recovery Month events in your town and how you can get involved, visit the Recovery Month Web site at recoverymonth.gov.

MS: Dan Field, Clinical Manager for the Asian Pacific AIDS Intervention Team's Team 360 program, talks about the various elements of his initiative.

MS: Our program is multifaceted. It incorporates both group treatment and individual treatment for Asian and Pacific Islanders who are struggling with chemical dependency. We use incentives to keep people motivated in treatment and we use both sort of informal and formal interventions.

FS: Hiromi Yamamura, Substance Abuse Counselor for the Team 360 program, discusses the diverse backgrounds of the clients they serve.

FS: I like the diversity of the clientele that we get here at Team 360. Regardless of ethnicity, each of their stories are so different from the next. But for some reason, when they come into group, there's just this warmth and this support, even though they are so different.

MS: I think that the glue of Team 360 is the feeling of trust and support that is generated within the groups. Our staff is very caring and we are committed to this issue and we don't shame our clients at any time, we support them in their positive life change and we celebrate their life changes.

Mod: Dr. Clark, I know that we've talked a little bit about certain aspects of diversity and one of them is gender. I know that SAMHSA has a program that is targeted to women and children and pregnant postpartum. Do you want to talk a little bit about that?

WC: You are correct when you mention that gender is an important part of cultural dynamics and cultural competence. One of the things that we recognized a long time ago was that we needed to make sure we had some gender-specific programming. And that also included programming that allows women to bring their children into the treatment environment and to allow women who are pregnant to deliver in the treatment environment. It works to their benefit and it also reassures the larger community that that woman who has an alcohol or drug problem will deliver a child who is free of alcohol and drugs and also gives that woman a greater sense of personal dignity and responsibility as a parent. Because we're dealing with powerfully reinforcing psychoactive substances, that many times when people have the responsibility for children, but who have addiction problems, they are unable to maintain the necessary balance. By having support, they can achieve that balance. So we fund a number of programs that offer a

continuum of support, the acute support during the time the woman is pregnant to when she delivers. Also allowing, in some programs, up to five kids to be brought into the therapeutic environment so that the mom can continue with her treatment.

And Marco, in terms of your program with the Latino community, I suspect that you have similar approaches.

MJ: Absolutely. Gender specific is so crucial because—let's just talk about a woman's different issues than the male population. In our center, women come for an outpatient and the issues that they are bringing to the table is totally different than the male population. So I encourage programs that even though limitation of resources might not be there to have gender specifics because women's issues of being a mother, being a wife, being a good parent has a different connotation than a male population.

Mod: And I suspect that if programs were looking for not only what you have mentioned in terms of adapting programs to Latino communities, but also to really—we haven't really talked about, and I don't want to create a stereotype while talking about diversity—but really checking for other factors such as the domestic scene, and making sure— dealing with issues of co-occurring issues or domestic violence. Is that appropriate?

MJ: Absolutely. In our center, we have a co-occurring mental health and substance abuse and domestic violence and substance abuse. Not everybody has suffered those conditions, but you have to be cognizant in terms of being aware of that, especially in the Hispanic population.

Mod: And William?

WB: I was going to say with the Native American population, unfortunately, domestic violence is very, very high, so gender-specific programs are fundamental to the healing process. It's just amazing to see how on my particular reservation that 99 percent of the domestic violence situations are alcohol related.

Mod: Very, very high.

WB: Very high.

Mod: What other factors within the Native community should other programs be aware of?

WB: It's been my experience with counselors or clinicians that come from the outside, well intentioned, big hearts, but don't take the time to get to know their client. They move right into the disorder and working on the mental health issues, but don't take the time to know the person. And in Indian country, when you take the time to know the person, you build that therapeutic relationship, and that's where you get your success from.

Mod: And then you get your trust.

WB: Exactly.

Mod: Let's get into LGBT again, because I find that fascinating. One of the things with LGBT, John, that I want you to address is if in fact they are lucky enough to get into a specific program such as Stepping Stone, it's wonderful. But if in fact there are other general programs for the general population, how would one go about to doing some outreach, how would one make it easier for them to come into a program?

JM: Well, we do—regularly we do trainings of other alcohol and drug treatment programs that are not LGBT specific in order to transfer the expertise that we have. And it is very specific. Getting back to treatment adaptations, we learned a number of years ago that a number of our clients were relapsing because of the sex, the high risk sex/drug link when they would come out of treatment. So we designed a program during our treatment episode where we addressed very directly high risk sexual behavior and the relationship with drug use.

And as a result of that, the evaluations of that particular aspect of our program have been very powerful. And in fact, that is something that we are also trying to disseminate to other treatment programs. Because I think there is a strong link between alcohol and drug use, whether it's gay, lesbian, transgender, bisexual, or the general population, there's a strong link between sexual behavior and the shame associated with it and drug use. So we try and address that directly and we think others should kind of follow our lead.

Mod: And when we come back, you know, one of the things that I also want us to share is cooccurring issues within special populations and also issues of other health concerns, such as HIV AIDS and Hep-C. So we'll be right back.

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Mod: Dr. Clark, John was talking about complicating factors in terms of health challenges that may present at the time of intake for some special population individuals. Can you address, continue to address that?

WC: Well, one of the things that we at SAMHSA are stressing is that every person who has a mental health issue or substance use issue needs to also get a good physical health assessment. One of the things we know about the misuse of alcohol or drugs is that it does have an effect on the organic integrity of the body. So you may get liver disease, you may get gastritis, you may get heart disease, you're at greater risks for various infections like Hepatitis C or HIV. And we want to make sure that anybody who is on the course of recovery has as much information as possible.

Mod: Marco?

MJ: Our treatment approach we took, we take the public health approach which the only person, not only been looking into addiction, but what is still the conditions it might bring, especially with the Hispanic population. The socioeconomic part plays a major role because people who have been in addiction haven't seen the doctor for years. So you know, primary care health is a big issue with us. When they are doing recovery and they find out—"oh, my gosh, I haven't seen my doctor, now I'm scared to see what else is the condition I have." So it's important to address, it's important to address not only, you know, from the addiction perspective, but also the primary health and health education, all areas of life. Because recovery means that you are changing behaviors in all areas of your personal life.

Mod: And I'm glad you mentioned recovery. William, within the context of ethnic and racial and other special populations, what is important to keep in mind in terms of a person that is in recovery in order for them to sustain their recovery?

WB: Well, in order to sustain recovery, as we all know, a mutual support network is vital. And from a tribal standpoint, it's community support. Because unfortunately, with Faces and Voices, what we are striving to do is continue to battle the stigma and discrimination that people with an addiction continue to face. Well, in Indian country, it's almost twofold. You have still the struggling addict that is criminalized and when they get into recovery, if they have a mutual support network and the community embraces them and continues to nurture them on their recovering journey, they are successful. But it's important.

I mean, you can go to—I'll use a personal example of myself. Having been raised off the reservation, I had tried traditional 12-step meetings, counseling, inpatient, outpatient, something just wasn't working. Because even though I would go into these 12-step meetings, I just did not feel a part. For whatever reason at that particular time, I did not feel a part. Well, when I went to the reservation and got into a culturally specific recovery plan that taught me culture and tradition, something happened.

But what basically saved my life was, like most tribes, historically, when one member is down, the whole tribe comes together. Well, for my particular case when I was down, my immediate family that was in recovery came around me, as well as the community, and that is what saved me.

Mod: John?

JM: We've kind of taken the community aspect to another level as well because so many of our clients are marginalized—they are HIV positive, they are in recovery, they are lesbian or

gay. We decided to introduce into treatment the whole concept of advocacy, both self-advocacy, but also societal change advocacy. And it came to the floor last year when the State was cutting HIV services, some of our clients in treatment said you know, we'd like to start a letter-writing campaign to the governors and see if we can reverse this, because this is important to us. So we facilitated that. So we do advocacy, as well as treatment at Stepping Stone.

MJ: One of the greatest things, and I think from the Federal Government perspective, has taken an approach not only that the treatment is one of the ingredients for recovery, so many doors for recovery. And creating an ecosystem in our communities, making responsible communities that, recovery is important and that the person who is in recovery to feel part of the ecosystem, the community.

Mod: But Dr. Clark, what do ethnic, racial, and special populations need to be cognizant of that maybe they are not yet?

WC: That the person who is at risk is anybody in the community. So from a prevention point of view, you understand that and from a recovery oriented point of view, it's not just the individual who is the beneficiary, but that individual's family. It's very important. Especially when you're dealing with racial and ethnic groups, family becomes very important.

So the family benefits and then the community as a whole, as William was pointing out, the community not only contributes to the recovery of the individual who has the alcohol and drug problem, but the community benefits from that because with regard to the substance use, that

person who is now in recovery can give back, can function as a role model and that person is able to give back and then rallies around. So the cultural dynamic is very, very important.

So recovery as a cultural motif is—I like the whole notion of the recovery ecosystem, the recovery-oriented environment which allows everyone to participate. Not just the person who has the alcohol and drug problem, but that person's family and that person's community because the beneficiaries go well beyond the individual.

Mod: And when we come back, we're going to continue to chat about this. And we're also going to get into—you mentioned something very interesting that I think we need to cover, it's the whole issue of prevention. We'll be right back.

MS: I didn't know it would be so hard. It's easier to heal others than to heal myself.

FS: If you or someone you know has a drug or alcohol problem, you are not alone.

MS: Recovery was the hardest job I ever had and the most important.

FS: For information and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Mod: Dr. Clark, I know that in CSAT, for example, a lot of special population clients go to mainstream programs, to non-specialized programs. What kind of success are we seeing with that?

WC: Well, the issue of cultural competence is really the important discussion point here. We do find that programs that are run by American Indians, Alaska Natives, for American Indians,

Alaska Natives or programs that target Hispanics, run by Hispanics, tend to produce better outcomes than programs that are not sensitive to those issues. So there are programs that are not run by the specific population group, but have modules that are targeted to the unique needs of that group. So they do better than programs that are general.

The key issue is of cultural competence and that is the theme that if indeed you know you've got a diverse population, you want your practitioners, your facilitators to be aware of some of these unique issues.

Mod: And moving prior to the person even getting a problem as we address again the whole issue of prevention, are there some idiosyncrasies, going back to that word, of special populations that folks need to be aware of, you know, in terms of the viewership, in terms of what the types of programs that they get their messaging from. Even the whole notion, as you were mentioning, John, of using the individuals that are in recovery to go out in the community, right? I think you were mentioning that.

JM: We have an amends part of our program where people make amends. That can commonly look like distributing bags of lunches to homeless populations. And that's when prevention comes in because that person receiving that lunch bag from one of our clients as part of their amends project is maybe talking to somebody that they knew on the street. And they are seeing that this person is in recovery and that it's possible and there's your prevention.

Also with our population, prevention has to take place in the bars, in the baths, in the clubs, and in the raves. It has to be out there in the community. So we are constantly talking about safe sex,

need for treatment, need for precautions, and Stepping Stone becomes almost like an island of sobriety in the LGBT community that is kind of spreading out in a lot of different ways.

Mod: And I think increasingly, going back to National Alcohol and Drug Addiction Recovery Month, the fact that individuals are more increasingly coming forward and telling their stories and talking about their own recovery and paying back, as you were saying. they can not only be used to help people create a peer support, but also to create a sense within that community block to help prevent other folks from having to deal with this issue.

MJ: Role models have to come from the community. It's not the sports super star, it has to be seen as real, your neighbor, your father, your uncle. And it's so crucial because sometimes we think the role model should be the basketball star and they are so untouchable that they can't relate it. But if we create these role models in terms of your family, your teacher, your pastor, that will be very successful in terms of disseminating. And kids look up to the role models that we have created in our communities.

WB: And that's why drug courts are very important – alternatives to incarceration, they are very important. The Cherokee drug court, what happens is when you have a graduate, they come back and become a mentor to the rest of the defendants. And being in a small community like my reservation, chances are they used together. So when the one that is new into the court sees their party buddy being clean and sober, working a good job, clean, it works. They go, "how did you do it?" "Well, I'll tell you about it, this is how I did it."

Mod: Dr. Clark, you wanted to add something?

WC: Yes, and that becomes important. The criminal justice system, law enforcement, the judges, we need to see them as an integral part of the community ethos and the mores of the community so that we get all aspects of the community working together in harmony, that ecosystem again. Because if the community is not safe, then you'll find attitudes in the community are really negative toward the individuals in the community who have an alcohol or drug problem. So we want to make sure that it's not only a good public health message, but a good public safety message. And the drug courts are a good model for achieving that, demonstrating that an individual who has an alcohol and drug problem who may have violated the law, but who is nonviolent, can restructure their lives in a way that benefits not only themselves, but their family and the larger community.

Mod: And a good model for the entire community to support those in recovery is National Alcohol and Drug Addiction Recovery Month celebrated every September. We encourage you to get engaged, get involved, conduct events, and look specifically in your community for those individuals that are in recovery, that are giving back to their community, giving back to their families. We want you to laud them and applaud them because they have done a tremendous amount of work to get where they are and to overcome addiction. I want to thank you for being here, it was a great show.

The Road to Recovery is a series of Webcasts and radio shows that helps individuals, organizations, and communities as they plan and host events in celebration of Recovery Month each September. This series aims to raise awareness about the benefits of addiction treatment and

recovery and highlight the positive and affirming message that addiction is treatable and recovery is possible.

To view the Webcasts from this season and others in the Road to Recovery series, visit recoverymonth.gov and click Multimedia.

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